

CONFLICTS OF INTEREST – CONTRACTSFILED ETHICS DISCLOSURE STATEMENT

State Form 59345 (R2 / 6-15)
OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-10.5

AUG 2 3 2023

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INDIANA STATE ETHICS COMMISSION Mail to:

OFFICE OF INSPECTOR GENERAL 315 West Ohio Street, Room 104

Indianapolis, IN 46202
Telephone: (317) 232-3850
E-mail scanned copy to: info@ig.in.gov

☐ Check if you are making a correction to a prev	viously filed stat	ement.	
A state officer, employee, or special state appoin agency. The term financial interest is defined in least employee, or special state appointee who (1) doe agency and (2) meets the criteria in IC 4-2-6-10.8 special state appointee must file a written statem state appointee executes the contract with the statem.	C 4-2-6-1. This es not participat 5(b)(2) and (c)(1) ent with the Ins	prohibition, however, does not apply to a e in or have contracting responsibility for I)-(5). One criterion is that the officer, em	n officer, the contracting ployee, or
The foregoing consists only of excerpts from IC 4 ensure compliance with all criteria set forth in the website.			-
PART 1 – GENERAL INFORMATION			
Last name Zwierzynski	First n Joseph		Middle initial C
Address of office (number and street, city, state, and ZIP code)			
BMVC, 100 N. Senate Avenue, Room N400, Indianapolis, IN 46204			
Title or position within agency			
BMVC Commissioner Indiana Bureau of Motor Vehicles			
PART 2 – CONTRACT			
List the name for each entity (i.e. vendor, contractor, consultant, subcontractor, or subconsultant) in which you have a financial interest that has a contract with a state agency. Also, list the name of the state agency the entity is contracting with (use a different form for each contract).			
Business name of entity		Name of entity contact person (first name and last name)	
DLZ Indiana, LLC		Joseph C. Zwierzynski	
This contract was (check one):			
☐ made after public notice and, if applicable, through competitive bidding; or ☑ not subject to notice and bidding requirements			
If the contract was not subject to notice and bidding requirements, please provide the basis for that conclusion here. Indiana Department of Administration (IDOA), through its Public Works Division (DAPW), who manages almost all building construction and maintenance for the state, has recently selected DLZ Indiana, LLC (based on its Professional Architectural/Engineering Qualifications) to design a new Indiana BMV Motorcycle Training Center in Plainfield, Indiana. Project No. 32016000-23-035-D1			
Stephanie Taylor, Deputy Commissioner of Agency Progams, is the BMV contact for this Project. (It is my understanding that the funding for this Project is not through BMVC dollars, but through a separate independent funding source.)			
Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.)			
Professional Architecture/Engineering Design Contract with (DAPW) IDOA.			

Description of the Financial Interest: (Describe in what manner the state officer, employee, or special state appointee expects to derive a financial interest from or otherwise has a pecuniary interest in, the above contract. State the approximate dollar value of the interest if reasonably determinable. Attach extra pages if additional space is needed.) The proposed BMV Motorcycle Facility has an estimated construction budget of \$5M. Therefore, a design contract in the amount of approximately \$500,000 is anticipated for DLZ Indiana, LLC. Due to the Project Funding source, BMVC Commissioner Joseph Hoage stated that the BMVC will not vote on anything regarding this Project. However, if in the future, for whatever circumstance, I will respectfully recuse myself from discussing and/or voting on any such related issues. As BMVC Commissioner, I can continue to perform all of its duties without compromise as DLZ performs its contractual obligations to the State of Indiana for the herein mentioned project. ONLY COMPLETE PART 3 IF CONTRACT IS FOR PROFESSIONAL SERVICES **PART 3 – AGENCY CERTIFICATION** Approval of appointing authority Being the (Name of Contracting Agency) (Title of Appointing Authority) I hereby affirm that no other state officer, employee, or special state appointee of _ (Name of the Contracting Agency) is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee. Signature of Appointing Authority Date signed (month, day, year) Name of Appointing Authority PART 4 - AFFIRMATION I submit this statement to the Inspector General pursuant to 42 IAC 1-5-7 (IC 4-2-6-10.5) to disclose my financial interest in a contract with an agency. This contract can be performed without compromising the performance of my official duties and responsibilities as a state officer, employee or special state appointee. I affirm that I do not participate in or have contracting responsibility for the contracting agency. I further affirm that the contract was made after public notice or competitive bidding, if applicable. I also affirm, under penalty of perjury, the truth and completeness of the statements made above and that I am the above named state officer, employee, or special state appointee. Date signed *(month, day, year)* August 22, 2023

Signature